



MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE
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APPLICATION FOR DUPLICATE LICENSE (\$40)

Please type or print clearly. A processing fee of \$40 is charged for each duplicate wall or wallet license. Affix your photograph taken within the past 60 days bearing your signature to the bottom right portion of this application.

Name: _____

Address: _____

Phone: _____

License Number: _____ Date of Birth: _____

Request for (check): Wall License Wallet License

I hereby certify that I am currently licensed to practice podiatric medicine in California. My podiatric medical license was _____ on or about
 (lost, stolen, etc.)

 (date)

The circumstances of the loss are as follows: _____

 Signature

(Affix photo here)

Date